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SOME PRACTICABLE PROBLEMS CONFRONTING THE MEDICAL PROFESSION *

PRESIDENT'S INAUGURAL ADDRESS

By H. G. BRAINERD, M. D., Los Angeles

We have reason to congratulate our profession for what it has accomplished in the matter of protecting the public since the last meeting of this Society, namely: the defeat of the so-called "quack quartet" amendments to our State Constitution. The campaign against these amendments was carried on by the League for Conservation of Public Health in a masterly and successful manner, and we tender to the League our congratulations. But we should bear in mind that this was accomplished by the help of that portion of the general public which believes in the altruism of our profession, believes that our efforts were actuated by our desire to protect the public, and not merely by selfish interests.

If the rising tide of poorly equipped aspirants to practice medicine—those who are trying to acquire the title of "doctor," and the right to treat the sick without the proper educational training—if this tide is to be checked, we as a united profession should do our utmost to influence our patients and acquaintances so that they will vote against any measure which tends to lower the standard of requirements for the admission to the practice of medicine. The work of poorly educated physicians must inevitably increase the length of disability as well as the mortality of the sick. And that our efforts should be made most effective in preventing dangerous legislation this coming session of the Legislature, every doctor in the State should join the League, which so successfully conducted the campaign last year.

* Read before the Fifty-first Annual Meeting of the Medical Society of the State of California, Yosemite Valley, May, 1922.

A few days ago a patient told me that he had been devoting his time to a physician for nearly a month, during which time he was put through a basal metabolism test, urinalyses, a blood count and a Wassermann test, a test meal and stomach contents analysis, tests to determine the condition of his bile, bismuth meal, and X-ray of stomach and bowels. After which he was presented with a bill for two hundred and fifty dollars, and the opinion that there was nothing the matter with him. In point of fact he was suffering from melancholia from an easily found cause.

Another man of moderate means told me recently that a surgeon performed an operation on him, attended him for two weeks after, and presented him with a bill for seven thousand five hundred dollars. Now it happened that several of this patient's friends had been operated for similar trouble, and some of them were able to leave the hospital sooner than he. And, as they had paid from one hundred to one thousand dollars, he naturally felt that he had been robbed.

Such experiences do not tend to increase the respect for the members of our profession as honorable citizens, or exalt them as learned physicians. It is this sort of thing that helps to foster and perpetuate quackery and charlatanism. Let each one of us remember that every time we are careless in the treatment of our patients, every time we violate the confidence reposed in us, every time we are unjust in our charges for our services, we are not only likely to make enemies for ourselves, but also enemies to the medical profession in general.

It is these, and similar embittering experiences, that are responsible in part, at least, for the establishment of new sects in medicine. The birth and survival of any new sect is concrete proof that something is lacking in the principles or the practice of medicine at that period.

Thus, a century ago, Hahnemann was able to found a new sect because it voiced a protest by the public against the large and nauseous doses prescribed by the old-line physician. A generation ago Doctor Still was able to establish a new sect largely because by his method a physical examination was made, an opinion promptly given, and treatment begun immediately without the bugbear of delayed and expensive laboratory examination and purchase of expensive drugs. And this sect, by reason of less expensive services, prompt diagnosis, and treatment beginning at once, has appealed to a large number of people.

It is an unfortunate fact that the public everywhere exaggerates our shortcomings and minimizes our good deeds. Indeed, it never seems to occur to most persons that every successful step in

public health work curtails the income of the physician; and that the thousands upon thousands of free beds in hospitals where free medical services of every kind are given, cut in directly upon the physicians' means of existence. Yet it is to the everlasting credit of our profession, that the very poor everywhere in our land can receive the very best medical treatment available.

At the present time, through the efforts and generosity of the medical profession, the very poor and penniless persons are provided for in case of sickness. But there is another class, and probably the largest and most important class of all, for whom no such provision is made. I refer to persons of moderate means who find it very difficult in case of severe illness to obtain the medical treatment and care that is now available only to the rich and the very poor.

Here is a case in point: An acquaintance of mine recently had typhoid and I tried to find a hospital for him. I applied to five large hospitals and could find but one that would accept him at all, and that at a rate of fifty dollars a week. In addition, the hospital would require two nurses at seven dollars and fifty cents a day each, and the attending physician's charge would be five dollars a visit—a total of one hundred and ninety dollars a week, exclusive of medicine and the cost of personal laundry. As the patient's salary was one hundred dollars a week, this hospital treatment was out of the question. So a less expensive doctor and less expensive nursing were obtained, and the patient was successfully cared for in his apartment.

This single case illustrates a condition that exists in every community today. It is estimated that less than 10 per cent of the people of the United States are able to pay the present fee bill rate of doctors, nurses and hospitals through a long sickness. But there are five times as many who do not wish to be classed as paupers by accepting free medical and hospital services which are now available for the very poor.

This condition is a reflection upon our civilization, but certainly not a reflection upon the medical profession; for most of the medical charity in the world emanates from the regular medical profession, and all of preventive medicine also comes from this source. But, having accomplished so much, I believe it is up to our profession to accomplish still more by devising some means whereby people in moderate circumstances can receive prompt and efficient medical attention at a price within their ability to pay. If our profession does not do this, State medicine, or some other equally distasteful method, is inevitable.

The increase of knowledge in physio-chemistry that has taken place in recent years is, indeed, astounding, and especially along the lines of metabolism and blood conditions. And, also, the advance in the various other means of making diagnoses. Yet it does not follow because of these greatly increased aids of the laboratory that we should subject every patient to the ordeal of having all these things tried out on him. And it is my opinion that the physician should exhaust all his ability and resources at hand before he subjects his patient to the expense and loss of time required by

such examinations. For there are many cases in which any observing physician can make a correct diagnosis without this elaborate and expensive laboratory investigation. And resorting to such methods in simple cases often tends to discredit the knowledge and judgment of the physician in the eyes of his patient.

The situation is very different in obscure cases. And, of course, in such cases free use should be made of all the expert opinion and scientific methods available. But the patient should not be sent from one physician to another, or to a succession of laboratories, unless it is absolutely necessary for an accurate diagnosis. And I wish to urge the physician not to neglect his own knowledge, training, and powers of personal observation to the extent of placing dependence upon laboratory diagnosis alone. He should always bear in mind the personal equation and psychology of his patients, which the laboratory does not consider at all. And remember that encouragement, which gives hope, unquestionably hastens the progress of recovery in almost every disease, and that discouragement tends to retard recovery. It is our neglect of this common sense psychology, and its adoption by charlatans, that, in a measure at least, is responsible for the establishment and continuance of the various sects in medicine.

Bear in mind that humanity is governed very largely by emotional rather than by scientific thinking. And if we neglect this great factor in the practice of our profession, the status of our profession will suffer proportionately in the opinion of the public at large.

After writing the above I found the following editorial in the New York Medical Journal:

PHYSICIANS NEEDED

"Columbia University is one of the most richly endowed and the largest of the universities, and its school of medicine has been one of the most progressive in adopting new laboratory courses and enlarging its curriculum. In his annual report as president of the university, Dr. Nicholas Murray Butler presents some important matters in regard to medical education. 'The true aim of the medical school,' says President Butler, 'should be to give instruction in fundamental principles and methods, to bring the students into contact with realities, to train him in habits of observation and inference as to physiological and pathological phenomena, and to give him knowledge of where to look for the additional or specialized information that he may need before his own experience has sufficiently widened and deepened to bring it to him.'"

President Butler realizes that the purpose of the medical school is primarily to train physicians, and not scientific investigators. "It would be a sorry day," says Dr. Butler, "for the public health and for the public satisfaction if the physician of large, practical experience, wide human sympathy and keen insight into human nature, were to yield his place to the expert with the microscope and the test tube. The scientific aspects of medicine must not be permitted to override its human aspects."

Dr. Butler has put into words a feeling which

is prevalent throughout a large portion of the medical profession. The true province of the physician is to heal the sick. Under the rapid development of specialism in medicine this function has been lost sight of in some of the larger medical schools, which train scientific investigators instead of physicians. There is need for scientific investigators, but the crying need is for men of broad medical education whose senses and powers of observation, as well as their minds, have been carefully trained; men who depend mainly on their own trained powers of observation and deduction rather than on the differential blood count, the sphygmographic tracing of the electrocardiogram, or the findings of the test tube. All of these aids to diagnosis are of value and should be made use of, but none of them can take the place of the trained and acute observer.

The leaders in medical education have made the mistake of trying to combine the laboratory specialist with the general practitioner, and as a consequence the public has suffered and is suffering from a dearth of doctors.

We were very much pleased to note recently that the Association of Chemists, which had been working during the war for our Government, devising destructive explosives, poisonous gases and other methods for taking human life, is now putting its strength into investigation that will tend to prolong life. Thus another important body of scientific investigators have joined our ranks—have become allied with a profession whose aims have always been conservation of life and health.

Another problem coming before the medical profession with steadily increasing importance is to determine the status of the lay psycho-analyst and the lay psychologist. It is a well-established fact that many cases of mental abnormality, and mental unbalance, are due to definite physical disorders. And it seems hardly proper that persons unable to diagnose physical ailments should be permitted to direct the care of mental cases whose condition may be dependent upon such ailments. It is, indeed, presumptuous for such half-trained persons to attempt the treatment of such cases—a striking example of how really dangerous a little knowledge may be in the field of medicine.

A somewhat similar sentiment may be expressed about another branch of investigation and actual accomplishment of psychology. I refer to the recently developed method of measuring human intelligence. Making due allowance for the over-enthusiastic claims as to the scientific accuracy of such tests, it seems to be fairly well established that it is now possible to measure a certain department of an individual's intellect and determine with fair accuracy just what degree of intelligence he possesses as compared with other normal individuals. But such measurements apply to one department of the human intellect only, and do not offer a means of measuring such vital things as judgment, courage, initiative, morality, honesty, or many forms of mental aberrations and abnormalities. And yet, certain persons trained in this laboratory method of making mental tests are arrogating to themselves the ability to thus judge human nature in all its complicated phases. But

in the last analysis the correct judgment of individual human nature is still best determined by those whose training is largely obtained in the great natural laboratory of human contact and observation. At present, as in the past, no class of persons receive as complete training in this great "laboratory," or are as good practical psychologists, as the physicians.

The present status of the medical expert in giving evidence in the court is most unsatisfactory. A very excellent bill in regard to such evidence was introduced and passed by a recent legislature, but failed to receive the governor's signature. This bill applied not solely to physicians, it is true, but perhaps more largely than to any other professional class. A bill somewhat similar to the one just referred to will be introduced in the next Legislature, and will meet its principal opposition from the legal fraternity, notwithstanding the fact that most judges, and the better class of the legal profession, apparently favor some change in the present system.

According to the methods now in vogue, the expert is employed by one of the litigants, and is, therefore, likely to have a partisan bias. Furthermore, the hypothetical question propounded to this expert usually minimizes those facts which are inimical to the party that employed him, while facts of the opposite character are introduced and stressed as much as possible. And thus it follows that the expert of necessity becomes something of a partisan because he does not have all the facts presented to him in their true perspective.

The bill to be presented this winter will make the calling of an expert by the court a necessity, and will provide to have all the facts presented to him before forming an opinion. We trust that the bill will receive the hearty support of the medical profession.

It has been shown very forcibly that the majority of the criminals who are repeaters are mental defectives, a still larger percentage of persons in the almshouses who are cared for by the public are also mentally defective, and likewise a very large percentage of prostitutes. Moreover, the fact stands unchallenged that the greatest source of mental defect is defective parentage.

The place for the early detection of these mental defects is the public school, and it seems to me that the State should take steps to search out all defective individuals during these formative years of childhood. And if such defectives become delinquents, the State should make provision for their future care, and should take means to prevent the propagation of their kind.

And meanwhile let us go forward unitedly raising our morale and our scientific attainment to the highest possible standard, so that our actual accomplishment will convince the public that the members of the regular medical profession place the best interest of their patients and of the community above their own selfish interests.

Four hundred years before the Christian era Hippocrates and his school caused everyone who was to start practice as a physician to take the most solemn oath, as follows:

"I swear by Apollo, the physician, and by Escu-

lapius, and I call Hygeia and Panacea and all the gods and goddesses to witness that to the best of my power and judgment I will keep this oath, to-wit:

"I will adopt that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and will protect them from everything noxious and injurious. I will give no deadly medicine to anyone, even if asked, nor will I give any such counsel, and similarly I will not give to a woman the means of procuring an abortion. With purity and with holiness I will pass my life and practice my art. Into whatever houses I enter I will go into them for the benefit of the sick, keeping myself aloof from every voluntary act of injustice and corruption and lust. Whatever in the course of my professional practice, or outside of it, I see or hear which ought not to be spread abroad, I will not divulge, as reckoning that all such should be kept secret."

It was the custom in this country and in Europe to administer this oath to applicants for graduation in medicine, and I would urge that there be a return to that custom in our medical schools, and that this oath in bold type should be where the eyes of the practitioner would frequently rest upon it.

Shall we, who have had the benefit of twenty centuries of Christian teaching, have less high ideals than those of the heathen Greek?

"THE LIE DETECTOR"

Recently in reporting a medical congress for the public press, a reporter "discovered the ophthalmoscope." He told in fine headlines how, with this new instrument, the physician could look into the eye and could see many things, including the brain. The article inferred that this instrument was a recent discovery and physicians were urged to adopt it as one of their important instruments of precision. Of course, every physician knows that the principle of the ophthalmoscope has been in use for hundreds of years and that the instrument was made practical seventy-one years ago.

California is seeing much of the same sort of "publicity" regarding the sphygmomanometer. Here also the principle involved has been used by physicians almost since the discovery of the circulation of the blood. It has been a recognized instrument of precision in diagnosis for about a quarter of a century.

There also is nothing new in using the principle to detect feigning or suppressed and masked emotions. It is, of course, well known that disturbances of the emotions, from whatever cause, produce fluctuations in blood pressure, respiratory control and many other functions. That the sphygmomanometer or any modification of it will distinguish between types of emotion or physical being accurately enough to be accepted as evidence in murder trials certainly remains to be proved. Many physicians who use the sphygmomanometer frequently in their daily work will pronounce the "lie detector" a liar.

MEDICAL EDUCATION OF PRESENT AND NEAR FUTURE *

By RAY LYMAN WILBUR, M. D., Stanford University, California.

The present generation has witnessed a complete transformation of medical education in America. The apprentice method was followed by the lecture system with demonstrations in anatomy, pathology and various clinical subjects. This in turn has been more recently supplanted by the laboratory, the small bedside clinic and various forms of hospital work, including in some institutions a required interne year. A study of much of our present medical practice shows that it is based largely upon pathology rather than physiology. This has been a natural outgrowth of the development in the use of the microscope, the study of autopsy evidence and the growth of the science of bacteriology. In brief, as a result of our methods of training we can say that the art of medicine has been largely based upon the use of drugs and that the art of surgery has been likewise based upon pathology removable by the knife. Because of the importance laid upon anatomy and pathology in the training of medical men and the general desire for perfection or one hundred per cent result, which is characteristic of the American, we have gone through a stage in which there has been an insistence upon the part of the surgeon and gynecologist that his patient should be brought up to the standard of a so-called normal topographical anatomy. By surgical means there has been a very definite attempt to see that all organs were located in definite positions rather than to make a careful study of the physiology of the organs, which is, of course, of outstanding importance. Anyone who will look over the text books of gynecology of a decade ago cannot help but be impressed with the pedantic insistence of the gynecologists as to the so-called normal position of the uterus. Fortunately in this sphere normality of function is being recognized as the final test.

Particularly since the enlightening and epoch-making work of Louis Pasteur there has been an enormous growth of medical knowledge. Science in every field has made rapid strides forward and many of the advances made have been brought by the medical profession into the field of diagnosis or of therapeutics. While there has been an increase in the time required for the course leading up to the degree of Doctor of Medicine and while preliminary subjects, such as physics, chemistry, biology and languages, have been insisted upon, there has been a constant stuffing of the medical curriculum with all of the new methods and facts so that we can say that at the present time the curriculum and courses of the medical school have been *inclusive* in so far as possible.

The time has now come for the curriculum to be studied from the standpoint of *selection* and

* Read before the Fifty-first Annual Meeting of the Medical Society of the State of California, Yosemite Valley, May, 1922.